

UNITED STATES DEPARTMENT OF THE INTERIOR  
MINERALS MANAGEMENT SERVICE  
GULF OF MEXICO REGION

# ACCIDENT INVESTIGATION REPORT

1. OCCURRED

DATE: 20-JAN-2005 TIME: 2230 HOURS

2. OPERATOR: BP Exploration & Production Inc.

REPRESENTATIVE: Scherie Douglas

TELEPHONE: (281) 366-6843

CONTRACTOR: Transocean Offshore

REPRESENTATIVE: Van Williams

TELEPHONE: (832) 587-8500

3. OPERATOR/CONTRACTOR REPRESENTATIVE/SUPERVISOR  
ON SITE AT TIME OF INCIDENT:

Ronnie Sepulvado

4. LEASE: G17001

AREA: WR LATITUDE: 26.45331417  
BLOCK: 508 LONGITUDE: -90.77591333

5. PLATFORM:

RIG NAME: T.O. DEEPWATER HORIZON

6. ACTIVITY: ☒ EXPLORATION (POE)  
☐ DEVELOPMENT/PRODUCTION  
(DOCD/POD)

7. TYPE:

☐ HISTORIC INJURY

- ☐ REQUIRED EVACUATION
- ☐ LTA (1-3 days)
- ☐ LTA (>3 days)
- ☐ RW/JT (1-3 days)
- ☐ RW/JT (>3 days)
- ☐ Other Injury

- ☐ FATALITY 0
- ☐ POLLUTION
- ☒ FIRE
- ☐ EXPLOSION

- LWC
- ☐ HISTORIC BLOWOUT
  - ☐ UNDERGROUND
  - ☐ SURFACE
  - ☐ DEVERTER
  - ☐ SURFACE EQUIPMENT FAILURE OR PROCEDURES

COLLISION ☐ HISTORIC ☐ >\$25K ☐ <=\$25K

- ☐ STRUCTURAL DAMAGE
- ☐ CRANE
- ☐ OTHER LIFTING DEVICE
- ☐ DAMAGED/DISABLED SAFETY SYS.
- ☒ INCIDENT >\$25K Crane equipment
- ☐ H2S/15MIN./20PPM
- ☐ REQUIRED MUSTER
- ☐ SHUTDOWN FROM GAS RELEASE
- ☒ OTHER Fire

6. OPERATION:

- ☐ PRODUCTION
- ☒ DRILLING
- ☐ WORKOVER
- ☐ COMPLETION
- ☐ HELICOPTER
- ☐ MOTOR VESSEL
- ☐ PIPELINE SEGMENT NO.
- ☐ OTHER

8. CAUSE:

- ☐ EQUIPMENT FAILURE
- ☒ HUMAN ERROR
- ☐ EXTERNAL DAMAGE
- ☐ SLIP/TRIP/FALL
- ☐ WEATHER RELATED
- ☐ LEAK
- ☐ UPSET H2O TREATING
- ☐ OVERBOARD DRILLING FLUID
- ☐ OTHER

9. WATER DEPTH: 9576 FT.

10. DISTANCE FROM SHORE: 190 MI.

11. WIND DIRECTION: SW  
SPEED: 16 M.P.H.

12. CURRENT DIRECTION: SE  
SPEED: 1 M.P.H.

13. SEA STATE: 3 FT.

17. INVESTIGATION FINDINGS:

At approximately 2230 hours, the Crane Operator (CO) began refueling the starboard crane while the crane was running. The CO went back to the crane cab and forgot about the refueling operation. The CO began offloading a pallet and back-loading boxes onto the Motor Vessel "Damon B. Bankston". Around 2300 hours, the CO noticed that the fuel tank was full according to the fuel gauge in the crane cab and called the Engine Control Room (ECR) to shut off the fuel. After calling the ECR, the CO noticed smoke coming from the crane pedestal. The CO called the Bridge and reported a fire in the starboard crane engine compartment, and the Bridge announced the fire over the PA. Emergency personnel reported to their stations and the crew members reported to their muster areas until the situation was deemed safe and secure. The Fire Teams extinguished the fire using dry chemical extinguishers and firefighting water.

18. LIST THE PROBABLE CAUSE(S) OF ACCIDENT:

During refueling of the starboard crane, the CO returned to the crane cab and forgot about the refueling operation. The diesel filled up the tank and began overflowing. Approximately 15 gallons of fuel overflowed from the tank. All fuel, oil and fire fighting agents were contained within the engine compartment and crane pedestal.

19. LIST THE CONTRIBUTING CAUSE(S) OF ACCIDENT:

N/A

20. LIST THE ADDITIONAL INFORMATION:

N/A

21. PROPERTY DAMAGED:

NATURE OF DAMAGE:

Engine compartment, electrical and  
mechanical equipment in crane pedestal

Burned equipment

ESTIMATED AMOUNT (TOTAL): \$60,000

22. RECOMMENDATIONS TO PREVENT RECURRENCE NARRATIVE:

Due to the specific nature of this incident, the Houma District Office has no recommendations to the Regional Office of Safety Management.

23. POSSIBLE OCS VIOLATIONS RELATED TO ACCIDENT: NO

24. SPECIFY VIOLATIONS DIRECTLY OR INDIRECTLY CONTRIBUTING. NARRATIVE:

25. DATE OF ONSITE INVESTIGATION:

24-JAN-2005

NO

26. ONSITE TEAM MEMBERS:

**Jerry Freeman / Amy Gresham /**

29. ACCIDENT INVESTIGATION  
PANEL FORMED:

30. DISTRICT SUPERVISOR:  
OCS REPORT:  
**Michael J. Saucier**

APPROVED

DATE: 09-FEB-2005

# FIRE/EXPLOSION ATTACHMENT

1. SOURCE OF IGNITION: **hot turbocharger on engine**

2. TYPE OF FUEL: ☐ GAS  
☐ OIL  
☒ DIESEL  
☐ CONDENSATE  
☐ HYDRAULIC  
☐ OTHER

3. FUEL SOURCE: **overflowing fuel tank**

4. WERE PRECAUTIONS OR ACTIONS TAKEN TO ISOLATE  
KNOWN SOURCES OF IGNITION PRIOR TO THE ACCIDENT ? **NO**

5. TYPE OF FIREFIGHTING EQUIPMENT UTILIZED: ☒ HANDHELD  
☐ WHEELED UNIT  
☐ FIXED CHEMICAL  
☒ FIXED WATER  
☐ NONE  
☐ OTHER

